		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethi	ics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	1ER	МІ	OFFICE	ENSE ONLY
NAME	NICKNAME		PAISH!	SUFFIX .	Date Received	TY CH 3 MPR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/		oakmout out, TX	77706			-6 AMII: 2
OFFICEHOLDER PHONE	1	81-3698	LATI	ENGION		d or DateIRostmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST SHA	7MA	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST QU	RAISH)	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	5080	NO PO BOX PLEASE); APT/S	DR.	CITY;	STATE;	ZIP CODE
(Residence or Business)	Beaur	uont, TX	7770	6		
8 CAMPAIGN TREASURER PHONE	AREA CODE (409) &	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		after campaign appointment ter Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Yea	ar
11 ELECTION	ELECTION DAY  Month Day	Year Primary	Runoff Special	ELECTION TYPE Other Description	city Coi	encil
12 OFFICE	OFFICE HELD (if any)		<b>13</b> OFF	ICE SOUGHT (If know	•	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	· · · · · · · · · · · · · · · · · · ·		
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S		
	<u> </u>	GO TO	PAGE 2	-		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME 7	AHER QURAISH,	1	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	,				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TCAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 4198.39		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN' LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE \$		
	wear, or affirm, under penalty of perjur	5, Election Code.	true and correct and includes all informa		
		T. Du	eaislei		
		Signature or	Candidate or Officeholder		
	Planca cor	mplete either ention hal	low		
•	Please cor	mplete either option bel	OW:		
	· · · · · · · · · · · · · · · ·				
	LISA WHITE stary Public, State of Texas omm. Expires 02-03-2026 Notary ID 133569137				
NOTARY STAMP/SEA	L		_		
Sworn to and subscribed	before me by Taher Q	uraishi this	the Loth day of April		
20 35 to certify	which, witness my hand and seal of offic		notars		
Signature of officer administr		of officer administering oath	Title of officer ad ministering of		
		OR			
(2) Unsworn Declarat	on				
My name is	· · · · · · · · · · · · · · · · · · ·	, and my date of birt	th is		
Mv address is					
			· · · · · · · · · · · · · · · · · · ·		
	(street)	(city)	(state) (zip code) (country)		
Executed in	County, State of	on theday of	, 20, onth) (year)		
		Signature of Ca	andidate/Officeholder (Declarant)		

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME TAHER QURAISHI 20 Filer ID (Ethics O	Commission Filers)
21 SCHEDULE SUBTOTALS , NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

	4 Table 2000 Ochodule Adi
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME TAHER QURAISHI	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
-31-23 AIYANADAR BHARATHI PA 6 Contributor address; City; Sta 9 BAYOU BEND PL., Bea	RTNER te; Zip Code  rurusut, Tx
	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:_	Amount of contribution (\$)
2-31-23 ABDULLAH MOOSA Contributor address; City; Ste 2800 MEMORIAL BLVD., Po	ate: Zip Code TX 77640 RT ARTHUR
	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#:_	Amount of contribution (\$)
Contributor address; City; Sta	ate; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:_	
Contributor address; City; St	ate; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF TI	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

- Th	ne Instruction Guide explains how to complete this form	ı <b>.</b>	1 Total pages Schedu	tle A2:
FILER NAMI	FILER NAME			mmission Filers)
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
				ide of Texas. Complete Schedule 1
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Emplo	yer (FOR NON-JUDICI	AL)(See Instructions)
2 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contri	butor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fi	rm of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outs	     
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	oyer (FOR NON-JUDIC	IAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contr	ibutor's job title (FOR J	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law f	irm of contributor's spot	use (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	<del></del>	
	1			

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

Tha	Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
ı ne	manuction Guide explains now to complete this form.	
FILER NAME		3 Filer ID (Ethics Commission Filers)
TOTAL OF	UNITEMIZED PLEDGES	\$
Date	6 Full name of pledgor out-of-state PAC (ID#:	_) 8 Amount   9 In-kind contribution of Pledge \$   description
	7 Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
O Principal occ	upation / Job title (See Instructions) 11 Employer (Se	ee Instructions)
Date	Full name of pledgor	Amount   In-kind contribution of Pledge \$   description
	Pledgor address; City; State; Zip Code	
		] . Check if travel outside of Texas. Complete Schedule
Principal occu	upation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ I description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principal occ	upation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of pledgor	Amount of In-kind contribution Pledge \$ I description
	Pledgor address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule
Principal occi	upation / Job title (See Instructions) Employer (S	See Instructions)
	,	
,		•

#### LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	Γ include this page in the rep	port.
The I	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
FILER NAME		3 Filer ID (Ethics Commission Filers)	
TOTAL OF UN	ITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
9 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y			Maturity date
Principal occupation	I on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral /	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	• •
	ion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

<del></del>			
	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memonals Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME TAHER QURAISH	41	3 Filer ID (Ethics Commission Filers)
4 Date 2-23-23	5 Payee name Houston Sign C		
6 Amount (\$) 1,559:13	7 Payee address: 5801 Chimney Roca	k Rd.	State; Zip Code  7x 77081
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Yard Sigus	(b) Description Z4 X 18,	18x12, stickers,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 3-7-23	Payee name HOUSTON Sig	in Cony	pany
Amount (\$) 567.00	SBOI Chimney Rock Rd	·, Housto	State; Zip Code  U, TX 77081
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description WiVC	stakes
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2-22-23	VISTA Print		
Amount (\$)	Payee address;	City;	State; Zip Code
119.20	ONLINE, canada		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Cards	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) STILLWATER, LLC . 3-10-23 6. Amount (\$) 7 Payee address: Zip Code (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ELEGANATE LURISON (16) 3-13-23 និ ដូច leli នៅបែរស់ គ្នាក្រុង Exponse Amount (\$) Payee address; The advantage same Topmar (State: 1-10
Hin Guida akkirai is hovy in gomphi a rais torqu. 512.73 Category (See Categories listed at the top of this schedule) PURPOSE Fountain view, ball Room OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit G/OH 3-11-23 Amount (\$) 311.11 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** 

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
nission www.ethics.state.tx.us

man BouarDigit

Office sought

Land Cane . If the air, TE, afficiency ledge ledge exp. no.

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Revised 8/17/2020

Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office O Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense :/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Olean Galar aythern	The Instruction Guide explains how to	complete this form.	• •
1 Total pages Schedule F1:	2 FILER NAME TAHER QUR	AISHI	3 Filer ID (Ethics Commission Filers)
3-16-23	5 Payee name KROGER		
6 Amount (\$) 25.95	7 Payee address: 3965 Dowlen R	d, Brut	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	SODA	COKE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name 11 11 11	Office sought	Office held
Date 3-16-23	Payee name  Chick - FIL -	A	2016 111 111 111 1
Amount (\$)		change City:	Tit west: State; Zip Code
67.66	Dowlen Rd Estates	reference of the form.	Traver Cut Of Diethol Craver (ante <u>ra pol</u> egopy not fint, composit
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	t Tray
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Dete	Pause paris	Section 1 and 1 an	
3-16-23	Payee name Jasous De	li	
Amount (\$)	Payee address;	City;	State; Zip Code
215.61	535 Dowlen Ra	. Brut	TX
	Category (See Categories listed at the top of this schedule)	Description	uni lan :
PURPOSE OF EXPENDITURE	·	Tradit	ional Tray
1	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	Share (3 - C.28 in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
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	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

•	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Cald Paytherit	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Taker Quraish		3 Filer ID (Ethics Commission Filers)		
4 Date 3-16-23	5 Payee name SAM'S CLL	1B			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 110.00	1-10	Beaumont	TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Fruit	vays, Cookies,		
OF EXPENDITURE	•	cutlery	trays, cookies, 1, Plates		
	(c) Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	SGM Office held		
Date	Payee name ं रक्षाका क्रिस्ट CATEGORIES		Parketter transfer and there are a feet become		
Amount (\$)	Payee address;	City;	Fig State; Zip Code		
	Constant Con	tengalah sebias di alba	They allow the first for the f		
•	Court is the great white a callege white years	Sam Joha Jay 10 yri	•		
	Category (See Categories listed at the top of this schedule)	Description	3 Filer 15 (Filorice Camediation Filer)		
PURPOSE			attivata menta timuteg minita sagang ara ara ara ara ara ara ara ara ara ar		
OF ; EXPENDITURE	·		·		
	Check if travel outside of Texas, Complete Schedule T,		73.5		
	<u> </u>		etin, TX, officehölder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
	The state of the s	THE TRANSPER	The second of the second secon		
Date	Payee name	All the second to the			
	·		-		
Amount (\$)	Payee address; dual / bush of a same	City:	, State; Zip Code		
	A Committee of the Comm	e de la companya de La companya de la co	A Top of the second		
		4.00	Service Control		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		d street stee			
OF EXPENDITURE			•		
	Check if travel outside of Texas. Complete Schedule T.	Check If Au	Strate Zip Code stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EDED		

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out Of District Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Zip Code State; City: 7 Amount (\$) 8 Payee address; 9 TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Zip Code City; State: Amount (\$) Payee address; TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased;						
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased;	City; State; Zip Code					
	Description of investment						
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS NEEDED					

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

If the requested inform	ation is no	ot applicable, <b>DO NOT</b> i	nclude this p	page in the rep	ort.	
	· · · · · ·	EXPENDITURE CAT	EGORIES FO	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhe Polling Exper Printing Expe Salaries/Wag	inse jes/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out Of District Other (enter a categor	ient & Related Expense
		The Instruction Guide exp	plains how to con	nplete this form.	<b>6</b> = 10 /511 - 6	
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARG	EDTOACRE	DIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of the control		(b) Description  Check if A	ustin, TX, officeholder living	j expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	e Of	fice sought	Office h	eld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	Ory (See Categories listed at the top . Check if travel outside of Texas. Co	<del>.</del>	Description  Check if	Austin, TX, officeholder livii	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder nam	e O	ffice sought	Office I	neld
	\					
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS N	IEEDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Accounting/Banking Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date 5 Pavee name 6 Amount (\$) 7 Payee address; City; Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check If travel outside of Texas. Complete Schedule T. (c) Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zip Code Payee address; Amount (\$) City; State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; State; Zip Code Amount (\$) City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	kpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule H:	2 FILER N	<del> </del>		•	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s		(b) Description		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living e	kpense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categorles listed at the top of this s	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;	,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		·
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		late / Officeholder name		Office sought		Office held
	ATT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

	The Instruction Guide explains how to con			·
Total pages Schedule I:	2 FILER NAME	· ·	3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	. State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type	e of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding typ	e of information
Date	Payee name			
Amount (\$)	Payee address;	City ·	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding typ	e of information

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City; St	tate; Zip Code			
7 Purpose for which amount is received Check i	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide e	1 Total pages Schedule T:					
2 FILER NAME	2 FILER NAME					
4 Name of Contributor / Corporation o	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Function	on'					
5 Contribution / Expenditure reported of		Debestita D				
	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name of	person(s) traveling	·				
8 Departure	e city or name of departure location					
9 Destination	on city or name of destination location					
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)				
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
and a supplied of the supplied						
Contribution / Expenditure reported	on:					
	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Dates of travel Name of	f person(s) traveling					
	a city or name of departure leasting					
Departui	re city or name of departure location					
Destinati	ion city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported	ion:					
Schedule A2 Schedu		Schedule D Schedule F1				
Schedule F2 Schedu		Schedule COH-UC Schedule B-SS				
Dates of travel Name of	Dates of travel Name of person(s) traveling					
Departu	Departure city or name of departure location					
Destinat	Destination city or name of destination location					
	Durana after 10 to	comings or other suppl				
Means of transportation	Purpose of travel (including name of conference	s, Seminar, or other event)				
	<u></u>					
A.	TTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.				
	Complete only if "Report Type" on page 1 is marked "Final Report"					
1	C/OH N/	AME . 2 Filer ID (Ethics Commission Filers)				
3	SIGNAT	TURE				
	designat	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ling a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any in contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Check	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	. 🗆	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254,204.				
		Signature of Candidate				
5		EHOLDER uplete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signature of Officeholder				